

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO. **10-653688** FILING DATE **12-22-03**  
 APPLICANT(S)

CLAIMS					
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT
	IND.	DEP.	IND.	DEP.	IND. DEP.
1	1		1		
2		1		1	
3		1		1	
4		1		1	
5		4		1	
6		0		1	
7		0		1	
8		0		1	
9		0		1	
10		0		1	
11		0		1	
12		1		1	
13		1		1	
14	1		1		
15	1			1	
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TOTAL IND.	5		3		
TOTAL DEP.	19		17		
TOTAL CLAIMS					

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TOTAL CLAIMS					